

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	
1	/									51	
2	/									52	
3	/									53	
4	/									54	
5	/									55	
6	/									56	
7	/									57	
8	0									58	
9	/									59	
10	/									60	
11	0									61	
12	/									62	
13	/									63	
14	/									64	
15	/									65	
16	/									66	
17	/									67	
18	/									68	
19	/									69	
20	/									70	
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22										72	
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42										92	
43										93	
44										94	
45										95	
46										96	
47										97	
48										98	
49										99	
50										100	
TOTAL IND.	19									TOTAL IND.	
TOTAL DEP.										TOTAL DEP.	
TOTAL CLAIMS	21									TOTAL CLAIMS	